

Financial Assessment Form

Adult Social Services

(Amended for June 2019)

Staff should complete this page providing information/ tick where necessary and share GDPR information as detailed below.

Service User Swift Number:

Service User full name:

Spouse/partner/civil partner Swift No:

Name of Spouse/partner/civil partner:

Please indicate what type of financial assessment is required

A new financial assessment

A re-assessment

Care Professional Information

Care Manager Name

Team Name

Date form sent

GDPR and Data Protection -

Croydon Council is committed to protecting your privacy when you use our services

The GDPR and Data Protection Act 2018 give you a number of rights to control what personal information is used by us and how it is used by us. Information about your individual data rights is listed in the Council's Corporate Privacy Notice on our website at www.croydon.gov.uk/privacy

If you have any questions or concerns about the way we collect, store or use your personal information, please contact us in the first instance on 020 8726 6000.

For advice about data protection issues, you can contact the Information Commissioner's Office (ICO) at www.ico.org.uk

We reserve the right to amend this Privacy Notice at any time and will keep it under review. If we do make any changes, we will post the current version to our website at this address.

For details relating to our adult social care fair processing notice please visit our website at

<https://www.croydon.gov.uk/democracy/data-protection-freedom-information/croydon-adult-social-care-fair-processing-notice>

Key Notes to Service Users

- 1 Please complete this form. This will help us to work out exactly how much you can afford to pay towards the cost of your care or support.

Information that we need

- 2 Financial Assessment for Adult services: Financial information about the person receiving the service is all we need. Throughout this form, we refer to the service user as 'You'.
- 3 Benefits Check: If you would like us to check that you are getting all the benefit you are entitled to please ensure you provide information about your spouse/partner/civil partner where requested throughout this form.
- 4 So that we can accurately financially assess how much you can afford to pay towards the cost of your care and support please ensure you have the following information available for a member of staff to verify. If you are unable to provide photocopies, we can arrange this for you.

Income and Savings

- **Bank statements / Post Office Accounts for all accounts you hold dating back to the last 6 months**
- **Savings accounts statements or passbooks for the last 6 months**
- **Statements or passbooks for an ISA's or other investments you have, including Post Office accounts**
- **Documents detailing all income including from a private pension (s) you may have etc.**
- **Letter from Department of Work and Pensions (DWP) with details of state pension or any other benefits you receive such as DLA or AA etc**

Property you owned/sold in the last 5 years

- **Documents showing the sale of the property and proceeds received**

Please provide documents to verify how much you spend on the following items

- **Gas and electricity bills for your home**
- **Rent / Mortgage repayments**
- **Council tax**
- **Extra costs related to disability or infirmity e.g. Travel**

Power of Attorney – If you have registered someone to have power of attorney over your financial affairs then we will need to see documentation to verify this.

If you need help

- 5 **If you need help completing this form you should first contact the financial assessment team on 020 8726 6000 ext 60633. Alternatively, please call the Charging Helpline on 020 8760 5676 <https://www.croydon.gov.uk/support-financial-assessment>**

Don't forget

- 6 **Please send photocopies of details as requested throughout this form.**
- 7 If you require more space to give information, please use Page 12 and attach additional sheets of paper if necessary.
- 8 When you are happy the form is complete, please sign the declaration on page 10 and the customer consent on page 11.
- 9 This form should then be returned to: **Financial Assessment Team, Bernard Weatherill House (BWH), 8 Mint Walk, 3rd Floor, Zone E, CR0 1EA**
- 10 **Please note that failure to return a completed Financial Assessment Form will result in you being charged the FULL COST from the start of your service. If you are a full cost payer and ask us to help you arrange for your non-residential care, a charge of £260 per annum*(subject to change) will be applied. For more information about this charge please call the Charging Helpline on 020 8760 5676.**

PLEASE COMPLETE SECTION 1 - PERSONAL DETAILS

Guidance notes:

- 1 If you do not wish to disclose your financial details and intend to pay the maximum charge for the services you receive, **please complete Sections 1 & 2**. By accepting the **FULL COST, you will be charged £260 per annum*(subject to change) if you ask us to arrange your non-residential care**. For more information about this charge please call the Charging Helpline on 020 8760 5676.
- 2 If you wish to be financially assessed complete Section 1 then go straight to section 3.

SECTION 1 - PERSONAL DETAILS

Guide Box No. If you have a partner or spouse, please give details in number 2 below

1 You

Title (Mr, Mrs, Ms, other)

First Names

Surname

Marital Status

Date of Birth

Daytime Telephone No.

Address

Postcode

National Insurance Number

Email Address

2 Your Spouse/partner/civil partner

Title (Mr, Mrs, Ms, other)

First Names

Surname

Marital Status

Date of Birth

Daytime Telephone No.

Address

Postcode

National Insurance Number

Email Address

3 Who deals with your financial affairs if not yourself?

3.1 Person to receive invoices

Title (Mr, Mrs, Ms, other)

First Names

Surname

Address

Postcode

Daytime Telephone Number

Relationship

Email Address

Please tick one of the following boxes to show who you are:

Holder of Power of Attorney* Appointee or Agent for DWP Benefits Other (Please specify)

***You will need to provide a copy of Power of Attorney.**

SECTION 2 - MAXIMUM CHARGE

- 4** I agree to pay the maximum charge for services I receive. A £260 charge per annum*(subject to change) will be applied if you ask us to arrange your non-residential care. Please tick

You may be entitled to receive certain benefits that are not means tested.
If you would like us to check for you please complete Section 8 on page 9 of this form.

Service User

Signature

Date

OR on behalf of a service user, please sign below

Signed

Date

Guidance notes:

- 1 Please tell us when your savings fall below the capital limit. The capital limit may change each year. Please call the Charging Helpline on: **020 8760 5676** for details of the current limits. We can then re-assess your charge(s) to make sure you are only paying what you can afford.

SECTION 3 - ABOUT YOU

- 5** Please tell us about who is living with you.

Name

Date of Birth

Relationship

Name

Date of Birth

Relationship

Name

Date of Birth

Relationship

Name

Date of Birth

Relationship

- 6** Please tick the situation that applies to you.

- I own my home (owned/mortgaged)
- I rent my home/room
- I live with my family in their home
- I pay rent to a carer
- I live in a residential / nursing home

- 7** Do you live alone?

(Please tick yes/no)

Yes No

SECTION 4 - INCOME

Guidance notes:

- 1 If you or your spouse/partner/civil partner are claiming a benefit that you have not yet received, please tell us by writing 'claiming' in the appropriate 'frequency' column.
- 2 Please tell us how often you are paid each benefit i.e. "Weekly, Monthly" etc.
- 3 Your spouse/partner/civil partner only need give this information if you receive joint income or you would like us to carry out a welfare benefits check as detailed on page 9 of this form.

4a Benefits and Pensions

	You		spouse/partner/civil partner	
	Amount	Frequency	Amount	Frequency
Attendance Allowance Higher / Lower rate £	£			
Carers Allowance	£		£	
Child Tax Credit	£		£	
Jobseekers Allowance	£		£	
Disability Living Allowance - Care Component Higher / Middle / Lower rate / PIP	£		£	
Disability Living Allowance - Mobility Component Higher / Lower rate	£		£	
Disablement Benefit	£		£	
Gallantry Awards	£		£	
Incapacity Benefit / ESA	£		£	
Annuities	£		£	
Trusts	£		£	
Rent from your property	£		£	
Income Support	£		£	
Independent Living Fund	£		£	
Industrial Death Benefit	£		£	
Industrial Injuries Benefit	£		£	
Maternity Allowance	£		£	
Other Income	£		£	
Pension Credit	£		£	
Private / Occupational Pension's	£		£	
(2) Private / Occupational Pension's	£		£	
(3) Private / Occupational Pension's	£		£	
Savings Credit	£		£	
Severe Disablement Allowance	£		£	
State Retirement Pension	£		£	
Statutory Maternity Pay	£		£	
Statutory Sick Pay	£		£	
Universal Credit	£		£	
War Pension(s)	£		£	
Widows Benefit	£		£	
Working Tax Credit	£		£	

9 Does anyone receive carers allowance for you?

(Please tick yes / no)

Yes No

SECTION 4 - INCOME (Continued)

4b Earnings from Employment

- 1 We only need details of your earnings if you would like us to check that you are in receipt of all the benefits you are entitled to or if you are being assessed to pay towards a care home placement.

10 You

Are you employed or self employed

What is your net Income (amount after tax)

Please state if monthly or weekly etc.

SECTION 5 - CAPITAL

5a Savings, Capital and Investments

- 1 Please give details of your savings. This information will help us work out exactly what you should pay and will help us to do an accurate benefits check.
- 2 You should tell us if the account is yours or your spouse/partner/civil partners' in the column marked Account Holder and indicate if it is joint savings, capital and investments.
- 3 Please provide photocopies of statements, account books, Post Office book and certificates.

11 Bank Accounts, Building Society Accounts and Cooperative Share Accounts

Account Holder	A/c No.	£ Amount	Bank Name	Joint A/c?

12 Did you receive a £10,000 war payment for Far East Prisoners of war?

(Please tick yes/no) Yes No

SECTION 5 - CAPITAL (Continued)

5b Bonds, Trusts, ISAs Stocks, Shares or National Savings Certificates

13 Do you have any Bonds, Trusts, ISAs, Stocks, Shares or National Savings Certificates?

(Please tick yes/no)

Yes No

Guidance notes:

- 1 If you answered No to this question, please go to number 17 on page 6.
- 2 If you answered YES please give details in the columns below. If your investments are held jointly, please tick the column marked Joint.
- 3 Please indicate if the information refers to you or your spouse/partner/civil partner in the Account Holder(s) column.

14 Premium and Savings Bonds/Unit Trusts/PEPS/TESSA'S/ISA

Account Holder(s)	A/c No.	£ Amount	Bank/Company Name	Joint

15 Stocks and Shares

Account Holder(s)	Number Held	Company Name

16 National Savings Certificates - Please state the value at purchase price

Account Holder(s)	Value		Date of Purchase	Joint

SECTION 5 - CAPITAL (Continued)

17 Please provide details of any compensation received

Name	£ Amount	Date of Payment	Joint

Please be aware we may require a copy of the compensation agreement.

SECTION 6 - PROPERTY

6a Property/Land

18 Do you own property or land?

(Please tick yes/no) Yes No

Guidance notes:

- If you answered Yes, please complete number 19 Below.
If you answered No, please go to number 20 on page 7.

19	Property 1	Property 2
Please give the address		
What is the properties approx. value?	£	£
Is the property Solely/Jointly owned or do you have a life interest in it? Please state		
Who lives in the property? Please state their relationship to you and give their date of birth.		
	/ /	/ /
Who is the mortgage lender for the property?		
How much mortgage is outstanding for payment?	£	£

Please provide proof of outstanding mortgage and payments.

SECTION 6 - PROPERTY (Continued)

20 Have you previously owned a property which you have sold, transferred or given away?

(Please tick yes/no) Yes No

Address of former property?

Postcode

If 'Yes', please give details of the month, year and value of the sale

Month:	Year:	Value: £
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21 Do you receive rent from the properties detailed in 19?

(Please tick yes/no) Yes No

If Yes, please state the amount of rent received each month

£	per month
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22 Do you own property abroad?

(Please tick yes/no) Yes No

If you answered Yes, what is the approximate value?

£

6b Other

23

	Yes/No	Amount
Have you given away or disposed of assets in the last 2 years?		£
Has your spouse/partner/civil partner given away or disposed of assets in the last 2 years?		£
Are you expecting to receive any money or assets in the next 12 months?		£
Is your spouse/partner/civil partner expecting to receive any money or assets in the next 12 months?		£

SECTION 7 - EXPENDITURE

Guidance notes:

- 1 Please give details of your expenditure in the boxes below providing proof of these items.**
- 2 Please tell us how often you incur your expenses in the column, 'Frequency of Payment', ie. Weekly, Monthly etc.

24

	£ Gross	Housing Benefit Council Tax Relief	£ Net	Frequency of Payment
Rent (Excluding water rates)	£	£	£	
Council Tax	£	£	£	
Service Charge			£	
Mortgage Payments (Please remember to send proof)			£	
Ground Rent			£	
			£	
Expenditure because of Disability / Infirmity. Please provide receipts/invoices as proof of these expenses. For further information about disability related expenditure please visit www.croydon.gov.uk/healthsocial/adult-care/asc-money/charges-intro or call 0208 760 5676 for details			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	
Other Expenditure			£	
			£	
			£	
			£	
			£	

SECTION 8 - BENEFIT CHECK

Are you missing out on money?

Many people do not realise that they may be entitled to extra money from the DWP (Department for Work and Pensions) if they have an illness or disability these benefits are often paid on top of your existing income and may not affect what you already get.

The Council have a specialist team of benefit advisers who can arrange a home visit and help complete any forms that need to be filled out. The service is free and in many cases will not take long.

A benefit check will be completed on receipt of your financial assessment form. To assist with this can you please complete the following questions.

- 1 Do you live alone? (Please tick yes/no) Yes No
- 2 If no, please say who lives with you and if possible tell us if they work or get benefits. Please indicate the frequency of benefit/income (weekly/monthly).

Full Name	Relationship	D.O.B	Net amount	Benefit/income name	Frequency
		/ /	£		

- 3 What is your disability or illness?

- 4 Does your disability affect your walking or make it difficult to do certain activities at home? (Please tick yes/no) Yes No

- 5 Please state if there is anyone else in the household who has an illness or disability.

- 6 Does your spouse/partner/civil partner work - If so how many hours do they do and roughly how much do they earn?

No. of hours:	Earnings are: £
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- 7 If you have dependent children do you pay child care costs or after school fees? (Please tick yes/no) Yes No

Please ensure your spouse/partner/civil partner has completed number 2 on page 1 and Section 4 on page 3 of this form.

SECTION 9 - DECLARATION

I declare that the information given is true and complete to the best of my knowledge and belief.

I authorise Croydon Council to make any necessary enquiries in respect of the information I have provided. I understand that this will include the Department for Work and Pensions.

I agree to tell Croydon Council if any of the information given here changes. I agree to Croydon Council using the information on this form internally.

I understand that legal action may be taken if I knowingly give false information.

I agree to pay the charge assessed by Croydon Council, and to pay any backdated amount should I be awarded a relevant benefit retrospectively.

Signed (Service User)

Signature

Date

OR If you have completed this form on behalf of a service user, please sign below

Signed

Date

Please tick one of the following boxes to show who you are

Holder of Power of Attorney*

Receiver appointed by Court of Protection

Appointee or Agent for DWP Benefits

Next of Kin

Other (Please specify)

**You will need to provide a copy of Power of Attorney.*

SECTION 10 – CUSTOMER CONSENT

By completing the customer consent details below you will allow the Department for Work and Pensions to share information with Croydon Council. This will reduce duplication of work between the departments and help ensure that you receive your full benefit entitlement.

Customer Consent to the Department for Work and Pensions to disclose relevant personal information provided for social security purposes to Croydon Council for financial assessment purposes.

Customer's details

Title (Mr, Mrs, Ms, other)

First Names

Surname

National Insurance Number

Address

Postcode

Customer's consent

I agree that personal and financial information I have provided to the Department for Work and Pensions for the purpose of claiming social security benefit may be passed by them to Croydon Council, for the purpose of assessing charges for the cost of my Social Services care.

I also agree that such information may be passed to Croydon Council by the Department for Work and Pensions on a continuing basis.

I understand that I may withdraw my consent to the disclosure of such information by notifying, in writing, my local pension centre or Jobcentre Plus office.

Signed (Customer or legal representative)

Signature

Date

You have completed this form. Please return to:-

Financial Assessment Team,
Bernard Weatherill House (BWH),
8 Mint Walk,
3rd Floor, Zone E,
Croydon CR0 1EA

GUIDE TO CHARGES FOR COMMUNITY BASED SERVICES

This leaflet details the financial assessment used to determine your ability to contribute to the cost of your community based services. It shows how the assessment is undertaken and how your income, savings and personal expenditure are taken into account.

This leaflet is for people who need support to help them live independently at home. We need to financially assess you to see if you are able to contribute towards the cost of your care and support.

WHEN WILL I HAVE A FINANCIAL ASSESSMENT?

As soon as we know you have been assessed by your Social Worker and are eligible for support we will contact you to assess your contribution towards the cost of your care and support.

A Financial assessment officer will work out how much your assessed contribution will be and will make sure you are receiving all the benefits you are entitled to. It is important you know who your financial assessment officer is as soon as possible. If you are not sure, please call 020 8726 6000 ext. 60633.

WHAT HAPPENS DURING THE FINANCIAL ASSESSMENT?

You will need to complete a financial assessment form and answer questions to confirm your financial circumstances. You will need to sign the form and provide us with any documentation we have asked for to help verify your financial circumstances.

This will tell us whether you can afford to contribute anything towards the cost of your care

WORKING OUT YOUR CONTRIBUTION

The contribution you actually make will be the lowest amount from the following:

- The actual cost of your care
- The maximum assessed contribution based on your ability to pay

For example; if the financial assessment determines that your maximum assessed contribution is £20.00 per week and the total cost of your care is £80.00 per week, we will ask you to contribute £20.00 and the council will fund the difference of £60.00

HOW IS THE FINANCIAL ASSESSMENT CALCULATED?

We look at three things when calculating your contribution:

- Your income
- Your savings and assets
- Any allowances that can be made

Types of income you may have:

- Pensions Benefits
- Earnings

Using the Department of Health guidelines we will make allowances from the income you receive to ensure you have sufficient funds to meet your basic living costs.

Types of savings you may have:

- Savings in a building society
- Post Office savings
- Premium Bonds
- Shares
- Trust Funds

We will not take into account any savings you have below £14,250.

If you have savings of more than £23,250 you will have to pay the full cost of your care package. As a self-funding customer, we can provide you with advice and information to help signpost you to help you arrange your own care. If you ask us to help you arrange your non-residential care for you, we will charge you £260 per annum for this service. For more information about this charge please speak to your financial assessment officer.

If your savings fall between £14,250 and

£23,250 you will be asked to make a contribution to your charge from these savings. £1 for every £250 above £14,250 will be treated as income and included in your assessment.

Couples

We will only assess you on the income and savings that you have. We will include your share of any joint savings or income. If as a couple you would like us to look at your partner's details, we can do this to ensure that as a couple you have the correct benefits in payment and also to ensure you are left with sufficient funds to meet your basic living costs.

Types of expenses you may have:

- Mortgage payments
- Rent
- Council Tax

Types of disability expenses you may have:

- Help with cleaning
- Special diet
- Extra laundry
- Extra bedding
- Special clothing
- Extra heating costs
- Transport
- Special equipment

We can make allowances for extra costs which you have to pay because of your disability or long-term condition. For more information please refer to our guide on Disability Related Expenditure.

PAYING YOUR CONTRIBUTION

Depending on how you arrange your care and when your care commences we will have notified you of your assessed contribution.

If you choose to have the council arrange services for you we will send you an invoice for the amount which you need to pay at the end of every four weeks.

The invoice will show how much you need to pay and how you can arrange to pay it.

If you choose to take a personal budget as a Direct Payment and arrange your own services the amount of your assessed contribution will be deducted from the payments you receive from the Council.

Contact 020 8726 6000 ext. 61925 or email: direct.payments@croydon.gov.uk

Collecting a customer's contribution is an important role the council undertakes as the contributions are used to protect services, extend access and promote the independence and wellbeing of all our customers. Where a customer fails to pay their contribution the council will pursue enforcement options to collect the amount owing.

WHAT IF I DON'T AGREE WITH MY ASSESSED CONTRIBUTION?

You can speak to your Financial Assessment Officer and ask for your contribution to be reviewed. For more information please refer to our guide on Review and Appeals.

WHERE TO FIND OUT MORE

If you have any questions, please call our charging helpline on 020 8760 5676. The charging helpline is open between 10am to 12pm and 2pm to 4pm on Tuesday, Wednesdays and Fridays however, there is also an in built answer machine facility available for you to leave your views should you wish to do so.

YOUR ASSESSED CONTRIBUTION

Once we have calculated your assessable income you will be told if you are required to pay a contribution towards the cost of your care package. We will give you a copy of your assessment.

If you are assessed as paying a contribution this will be applied from the date when your service starts.